10/19/06
Final- (jg)

EPA REGION 10
UNDERGROUND STORAGE TANK INSPECTION FORM A

Owner IA 4501

Significant Compliance: RD (Y / N) \ Upgrade (Y / N)

Facility# AK 548 Passed Inspection Y (N)

Inspection Date 8-11-08 Time 9:00 am GPS reading N60° 29' 08.7 W151° 03' 32.2

Lead Inspector Jim Greeves Others

Facility Reps Mark Rozak * New owner

Fred Hammon * (* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ Other

Facility Drainage (FD) questionnaire: ☐ Completed ☒ Not Completed ☐ Not Applicable

Enforcement Actions Taken Onsite: FNNC # 1148 FC # _____ For $ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? (Y) N

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name: Soldotna Y Chevron

Owner: Mark Rozak Operator: _____

Address (Loc/Owner/Op): 44024 Sterling @ Hwy

City: Soldotna State: AK Zip: 99669 Phone 907-262-4513

Address (Loc / Owner /Op): _____

City: _____ State: _____ Zip: _____ Phone: _____

Tank #	1 6	2 7	3 8	4 9	5	6 5
☒ MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
☒ All (tanks covered) or (check which tanks are covered)						
Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdby Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other _____						
Issuing Entity: Zurich Dates Coverage: 6/30/08 to 09 In EPA Format? (Y) N						

TANK STATUS

Manifolded (M) or Compartmented (C) Tank?	—	—	—			—
Status (circle): (CIU) TOU POU ☒ All or	✓	✓	✓	✓		
Date installed: 7-86 ☐ All or						
Tank cap (gal): ☐ All or	10	6	6	1500		1000
Substance in Tank: ☐ All or	UNL	DSL	SUL	Heating Oil		Used Oil
Tank Material: BS (CPS) COM FRP DW ExL Lin ☐ All or						
Verified Tank by: Visual Invoice Warranty (Picture) ☐ All or	Stip 3	—	—			✓
Emergency Generator Tank(s)? ☒ NA ☐ All or						
Piping Material: (GS) (CPS) FRP FlexP DW SecC ☐ All or	✓	✓	✓	✓		
Verified Pipe by: (Visual) Invoice Warranty Picture ☐ All or						
Piping Type: Grav Pres SafeS U.S.S ☐ All or	P	P	P	SS		Grav
Date last used: ☐ All or						
Closure Status: Removed In-Place Chg-in-Svc ☐ All or						

SITE SKETCH

Tank #	1	2	3	4	5	6 Used Oil

RELEASE DETECTION-TANKS

☒ *Primary Release Detection Method Present for all tanks & meets specific performance standards as in 280.43 ?* ☐ NA							
☒ **Manual Tank Gauging** (MTG) ☐ Primary Method ☐ All or							✓
☐ **Tank Tightness Testing** (TTT) ☐ Primary Method ☐ All or							
Last TTT date? _____ Passed? Y N							
☐ **Inventory Control** (IC) ☐ Primary Method ☐ All or							
☐ **Vapor Monitoring** (VM) ☐ Primary Method ☐ All or							
Site Assessment? Y N ☐ All or							
☐ **Ground Water Mon.** (GWM) ☐ Primary Method ☐ All or							
Site Assessment? (ie: 3'<gw<20') Y N ☐ All or							
☒ **Automatic Tank Gauge** (ATG) ☒ Primary Method ☒ All or	✓	✓	✓	✓			
☐ **Interstitial Monitoring** (IM) ☐ Primary Method ☐ All or							
☐ **SIR** ☐ Primary Method ☐ All or							
☐ **Deferred (Emergency Generators ONLY)** ☐ All or							
☐ *TOU Systems Comply with Release Detection?* ☐ NA							

RELEASE DETECTION-PIPING (RD)

☐ *Primary RD method(s) present for ALL piping &meets specific performance standards as stated in280.44?* ☐ NA							
☐ **ALLD(s)** Pressurized Systems Only- Required ☐ All or Date test:_____ ☐ ELLD or ☐ MLLD	No ALLD Testing Vapor less						
☐ **LTT(s)** Date test_____ ☐ Primary Method ☐ All or	No LTT						
Monthly Monitoring Method : ☐ Primary Method ☐ All or VM GWM IM SIR Sump Sensor Other_____							
☐ **Deferred (Emergency Generators ONLY)** ☐ All or							

RELEASE DETECTION COMPLIANCE/RECORDS

☒ *Release Detection System - Operating Properly?* ☐ NA							
☒ *Release Detection System Meets Performance Standards of SOC Matrix "Worksheet"?* ☐ NA							
☒ In Compliance with EPA 3rd Party Evaluation? ☐ NA ☐ If Required (5 year Record Limit), Has 3rd Party? ☐ NA							
☒ *Are there monthly monitoring records for Tanks/Piping for 2 most Recent Months and 8 of the last 12 months* (or LTT where required) ☐ NA							
Monthly monitoring records Reviewed = ____ months, of last 12: Tanks (months) PASSED: 9 FAILED: 0 INVALID:_____ Piping (months) PASSED:____ FAILED:_____ INVALID: _____							
☒ *ALL Non-Passing Results Resolved?* ☐ NA							
☐ *If not resolved, was the implementing agency notified of a suspected release?* Y ☐ N ☒ No release suspected ☐ ☐ NA							
☐ *Hazardous Substance USTs-Secondarily Contained?* ☒ NA							

ATG/IM/SIR Equipment Manufacturer/Vendor Auto Stik Jr Model:_____

(Optional) ALLD Equipment Manufacturer:_____ Model:_____

TANK #	1	2	3	4	5	6

RELEASE PREVENTION

☒ *CP Met on ALL Tank(s) and Piping, including metal flex connectors, swing joints, etc. (see Release Prevention Measures Matrix, IV. "Tank and Piping Corrosion Protection" checklist)*						
☒ *Any repairs to CP (including Lining) tanks or piping and have they been Tightness Tested within 30 days (not required if internal inspection or monthly monitoring completed)?* ☐ NA						

TANK LINING

☐ *Tank Lining Inspected and In Compliance?* ☒ NA						
Date of Lining: _____ Date of PASSING Internal Inspection: _____ ☐ All or						

CATHODIC PROTECTION

☒ Cathodic Protection: ☒ Tanks ☒ Piping ☐ All or						
☐ **Impressed Current System** ☐ All or Installation Date: _____ Set at _____amps						
☐ *Last 3 (60 Day) rectifier inspection Records?* ☐ NA						
System On? Y N Observed amperage of _____amps						
☐ **Sacrificial Anode System** ☐ All or						
☒ Date of Last Test: 8-28-05 Passed ☐ All or Covers: ☒ Tanks/Piping ☐ Tanks ☐ Piping	✓	✓	✓	✓		
☐ Date of Previous Test: 2003 Passed ☐ All or Covers: ☐ Tanks/Piping ☐ Tanks ☐ Piping						
☐ *CP Performing Adequately- Based on Testing Results -* ☐ NA						
☐ *Any Repairs are being Conducted or Completed?* ☐ NA						
☐ *6 mo. CP test After Installation or Repair COMPLETED?* ☐ NA						

SPILL & OVERFILL PREVENTION

☒ *Spill Prevention Devices Present and Functional?* ☐ NA						
☒ *Overfill Prevention Devices Present and Operational for Each Tank?* (specify, below) ☐ NA						
☐ Ball Float Valve Operational ☐ All or						
☒ Flow Restrictor (Auto Shut off) Operational ☒ All or	✓	✓	✓	✓		
☐ Automatic Alarm (for Delivery Driver) Operational ☐ All or						
☐ Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) ☐ All or						

Inspector's Signature Jim Greeves **Date:** 8-14-08

Notes: Fred Mannon is selling the station to Mark Rozak

Fred indicated that he did know that LTT and ALLD testing was required annually @ Issue FNLDC - Owner had all other required records, Photos of install

W/Dallas

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	1- January	✓	✓	✓	✓		
	2- February	✓	✓	✓	✓		
	3- March	✓	✓	✓	✓		
	4- April						
	5- May						
	6- June						
	7- July	✓	✓	✓	✓		
08	8- August	✓ 07	✓ 07	✓ 07	✓ 07		
07	9- September	✓	✓	✓	✓		
	10- October	✓	✓	✓	✓		
	11- November	✓	✓	✓	✓		
	12- December	✓ 07	✓	✓	✓		
P = Pass F = Fail							

Notes:


#1
HEATING
FUEL
PROPANE
CYLINDERS
FILLED
HERE
AmeriGas
AUG 11 2008


Chevron
AUTOCARE
AUG 11 2008


OPEN
AUTOCARE CENTER
Full
AUG 11 2008